



PEBBLECREEK MEDICAL GROUP

INTERNAL MEDICINE PRIMARY CARE

Financial Policy

PLEASE REVIEW AND SIGN THE FOLLOWING FINANCIAL POLICY

- 1. For patients with no insurance payments will be due at the time of service.**
If you are unable to pay your balance in full, you will need to make prior arrangements with the office staff.
- 2. Insurances:** Although we are contracted with several insurance companies, it is your responsibility to make sure that our physician is in your plan; it is also your responsibility to know your insurance benefits. We will need all of your demographics and insurance information prior to your appointment. If eligibility for coverage by your stated insurance cannot be confirmed at the time of visit, it is up to you if you wish to receive medical services from Pebble Creek Medical Group. If it is determined that you are not eligible for coverage you will be responsible for payment for all services provided. We ask that at the time of your appointment you bring your insurance card and a photo ID.
- 3. If your insurance company has not paid a claim** on your behalf within 90 days because of information that you have not provided, the balance will be transferred to your account and you will be responsible for payment. If we received payment at a later date, Pebble Creek Medical Group will reimburse you.
- 4. Co-payments, Deductibles, and Fees:** All co-payments, insurance deductibles and fees for services not covered by your insurance policy are due at the time services are rendered. We accept cash, check, or credit cards (VISA, MasterCard, & Discover).
- 5. Missed Appointments:** Unless they are cancelled at least 24 hours in advance, our policy is to charge for missed appointments. The fee for a missed routine appointment is \$25. This fee is not covered by your insurance plan and is your responsibility. After 3 no show appointments you may be discharged from our practice.
- 6. Prompt Payment:** Just as we make every effort to accommodate you when you are in need of medical care, we expect that you will make every effort to pay your bill promptly. If you have financial hardships or if you are unable to pay your bill in its entirety, please contact our billing office to discuss payment options. If your account balance is past 90 days due, it will be sent to an outside collection agency. Once you are in collections you may be discharged from our practice.
- 7. Returned Checks:** For personal checks that are returned as unpaid or refused by your bank, we will charge a \$35.00 processing fee in addition to the balance due from the returned check. If the check is not made good in an acceptable period of time, we will submit it to the County Attorneys Fraud Division for protection under the law.
- 8. Disability, Insurance forms, attending physician statements, and FMLA:**
There will be a charge of \$50.00 for the completion of medical forms and you are required to schedule an appointment. Payment is due before the forms are completed. **Please allow 7-10 business days** for the completion of these forms.

Patient Signature: _____

Date: _____

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